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Practitioner's Docket No. 48699-CPA (1360)

Express Mail Label No. EL 443 635 801 US
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: H. Sato, et al.
Serial No.: 09/155,635
Filed: July 9, 1999
For: LITHIUM ION SECONDARY BATTERY

Examiner: C. Chaney
Group: 1745

Box Non-Fee Amendment
Assistant Commissioner for Patents
Washington, D.C. 20231

PRELIMINARY AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is
☐ a small entity. A statement:
☐ is attached.
☒ was already filed.
☒ other than a small entity.

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EXTENSION OF TERM

NOTE: "Extension of Time in Patent Cases (Supplement Amendments) — If a timely and complete response has been filed after a Non-Final Office Action, an extension of time is not required to permit filing and/or entry of an additional amendment after expiration of the shortened statutory period.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☒ deposited with the United States Postal Service in an envelope as "Express Mail Post Office to Addressee" Label No. EL 443 635 801 US, addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Signature

Carmela L. Feeley

Carmela L. Feeley

(type or print name of person certifying)

Date: December 6, 2000

07/15/2004 CQUELN 00000003 041105 09155635

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FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col.1)	(Col.2)	(Col.3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY				
Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	OR	Rate	Addit. Fee	
Total	84	Minus	20	=	x \$9 = \$		x \$18 = \$		
Indep.	41	Minus	3	= 1	x \$39 = \$		x \$78 = \$	78.00	
[] First Presentation of Multiple Dependent Claim					+ \$130 = \$		+ \$260 = \$	0	
					Total Addit. Fee	\$0.00	OR	Total Addit. Fee	78.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
 ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING: "After final rejection or action (§ 1.113) amendments may be made canceling claims or complying with any requirement of form which has been made." 37 C.F.R. §1.116(a) (emphasis added).

(complete (c) or (d), as applicable)

(c) [X] No additional fee for claims is required.

OR

(d) [] Total additional fee for claims required \$ _____.

FEE PAYMENT

5. [] Attached is a check in the sum of \$ _____.
 [X] Charge Account No. 04-1105 for any fee deficiency.

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FEE DEFICIENCY

NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. ☒ If any additional extension and/or fee is required, charge Account No. 04-0105.

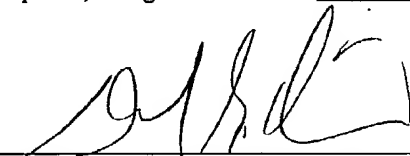
AND/OR

- ☒ If any additional fee for claims is required, charge Account No. 04-0105.

Dated: December 6, 2000

Reg. No. 27,026

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Customer No.



SIGNATURE OF PRACTITIONER

David G. Conlin
(type or print name of practitioner)

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